**Personal protective equipment (PPE) assessment**

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| Name of position: | Department: | Date: |
| Location: | Name of assessor(s): | |

Identify the activities of the job, the hazards, body part, and the personal protective equipment needed to address the hazards. You can use additional forms if you need more space. Re-evaluate whenever there are changes to the equipment, processes, or chemicals.

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| **Activities/task** | **Hazard** | **Body part** | **PPE** |
| *Sample task:*  Welding | Burn, flying particles, inhalation. | Eyes, respiratory, trunk, arms, hands | Welding helmet/lens, respirator (fume), welding vest, welding gloves |
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